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# A longitudinal study of college students' attitudes toward suicide

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by

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# INTRODUCTION

Suicide is an ever increasing problem on college campuses. Katchdorian (1977) suggests that three-fourths of young adult deaths are due to accidents, homicides, and suicides. Presently, suicide ranks second to accidents as the leading cause of death for students ages 15-24 (Domino & Leenaars, 1989; Wellman & Wellman, 1986). For college students the suicide rate is 50 percent higher than for those non-college individuals of the same age (Vredenburg, O'Brien, & Krames, 1988; Westefeld & Pattillo, 1987) and over the past 25 years suicide has tripled (Neiger & Hopkins, 1988; Webb, 1986). Research suggests no decline in these numbers in the near future (McIntosh & Jewell, 1986).

Beck and Young (1978) describe suicide as the leading psychiatric disorder on college campuses. Other studies have revealed that suicide is a complex problem. There are many factors which contribute to suicide ideation and attempts. Social and family problems play an intricate role in a person's decision to commit suicide (Carson & Johnson, 1985; Neiger & Hopkins, 1988; Vredenburg, O'Brien, & Krames, 1988; Wright, Snodgrass, & Emmons, 1984). Bernard and Bernard (1982) even suggest that social and family problems account for three-fourths of all suicides attempted by college students and only seven percent are related to academic pressures. Their study also suggests that

depression, isolation, and anger are feelings most often expressed by those students who have attempted suicide. Schotte and Clum (1987) relate depression and negative life experiences to suicide.

Other studies suggest that loneliness correlates positively with hopelessness, low assertiveness, delinquent behavior, substance abuse, depression, and suicidal behavior (Bernard & Bernard, 1982; Diamont & Windholz, 1981). Loneliness, depression, and hopelessness are extremely prominent on college campuses (Bonner & Rich, 1988; Diamont & Windholz, 1981; Hoglund & Collison, 1989; Ponzetti & Cate, 1988). Sundberg (1988) suggests that loneliness is very prominent, and his research examines loneliness in relation to gender and race differences in college freshmen. The study suggests that females are more lonely than males and that Blacks are more lonely than Whites. Furthermore, the study suggests that factors for this loneliness were social isolation and alienation which occur on campuses. Blacks were also reported as being more depressed on predominately white campuses.

Bonner and Rich (1988) researched social alienation and hopelessness, and how they related to suicide ideation. Their studies suggest that suicidal behavior consists of several stages or steps. The first stage is suicide ideation. Influencing variables such as isolation can lead

to suicide contemplation, then possibly to suicide planning, and ultimately these variables can encourage a suicide attempt. Bonner and Rich also suggest that suicide ideation comes form a "transaction of social, intrapersonal, and environmental variables" and suicide attempters are socially alienated and have fewer reasons for living than non-attempters (Bonner & Rich, 1987).

Typically the student will share thoughts of suicide with someone before he or she actually attempts it. Peers are usually the ones to hear this information and many will shrug it off as not important or deny that a problem may exist. Peers tend to be unsympathetic to those who need help and their views toward suicide are relatively negative (Deluty, 1985-86). These feelings of disregard and indifference come out at a time when a suicide contemplator needs the most support. Regardless of the level of this support the contemplator may carry out his or her plan (Wellman & Wellman, 1986).

Studies have shown that these negative attitudes are not gender related (Domino & Leenaars, 1989; Domino, MacGregor, & Hannah, 1989). However, several studies present females as being more sympathetic to victims than males (Limbacher & Domino, 1985-86; Wellman & Wellman, 1986; White & Stillion, 1988). Socialization seems to play a major role in this difference. Males have been taught from an early age to be

independent, self-sufficient, and strong. Females, on the other hand, have been taught to be dependent on others for support. Although these sexual stereotypings are lessening they still exist and must not be ignored.

Finally, other research has suggested that religion plays a role in attitudes toward suicide. Some studies suggest that the more strength there is in an individual's particular beliefs and thoughts of an afterlife, the more likely to be supportive of a potential victim (Domino & Leenaars, 1989; Minton & Spilka, 1976). However, in contrast, a study by Minear and Brush (1981) suggests that the more structured a person's belief and the more frequently they attend religious services, the less chance suicide would be considered as an acceptable alternative. Gibbs' (1988) study supports this observation. She reported that suicide rates for Blacks in the South and rural areas were less than Blacks in urban areas. Strong religious beliefs that are still held in more rural places seem to play a role in these low rates. Gibbs also suggests that the stigma attached to these suicides are still present in society.

Reynolds and Cimbolic (1988) and Deluty (1988-89) suggest that the lack of knowledge about suicide may be a cause of the stigma attached to suicide which is still pervasive. Suicide attitudes must be examined to reveal

what factors play the largest roles in forming these beliefs. If information about suicide, its characteristics, and other factors is all that is needed, then programming with an emphasis on suicide may be the answer. However, if there are other significant factors causing these attitudes, they need to be discovered in order to develop supportive attitudes toward people who consider suicide. If these supportive attitudes are developed, peers may begin helping each other rather than ignoring suicidal tendencies. This, in turn, may ultimately reduce suicides in the population. The purpose of this study is to begin this process by identifying attitudes about suicide which are present in college students and which may vary during a semester. With this information residence hall and counseling center staff may be able to develop specific programs in order to educate students about suicide and possibly alleviate some of the misconceptions and negative attitudes that many students have about suicide and those who attempt or succeed.

## Statement of the Problem

Suicide is an increasing problem on college campuses. Attitudes about suicide can stigmatize those who may be in need of help. This research will examine attitudes of students toward suicide at Iowa State University and if these attitudes vary during the semester. This research could provide information which would help determine ways to

deal with suicide among college students by allowing practitioners to better program according to the needs of the residents. The research will provide information used in planning program strategies to meet resident needs over a semester.

## Statement of Purpose

The purposes of the study are:

1. to discover the attitudes toward suicide among Iowa State University students living in the residence halls,
2. to examine whether these attitudes vary over the semester for these students, and
3. to investigate whether gender, age, marital status, knowledge of someone who has committed suicide, or religious background have any relationship to these attitudes.

## Variables

Dependent Variables:
1. Attitudes toward suicide

Independent Variables:
1. Gender of the student
2. Age of the student
3. Religious affiliation of student
4. Strength of religious belief

5. Marital status of student
6. Academic pressure
   (test, quizzes, papers, etc.)
7. Knowledge of someone who
   committed suicide

## Statement of Assumptions

1. It is assumed that the participants will carefully read each item and respond honestly to each as well.
2. It is assumed that each participant will complete the questionnaire in one session and that it will be completed in a timely fashion.

## Statement of Hypotheses

The following hypotheses were made in regards to the research:

1. There is no difference in attitudes toward suicide between male and female students.
2. There is no difference in attitudes toward suicide among age groups.
3. There is no difference in attitudes toward suicide among various religions.
4. There are more accepting attitudes toward suicide when religious beliefs are strong and participation in activities related to those beliefs are more regular.

5. There is no difference in attitudes toward suicide between students who are single, divorced, or widowed and those who are married.

## Limitations of the Study

1. The sample population includes only students enrolled at Iowa State University during Fall 1990 and Spring 1991 semesters.

2. The sample only included students who lived in the residence halls.

## Significance of the Study

This study will expand the work already being done in this area. A longitudinal study of attitudes toward suicide will not only increase information about students' attitudes, but will also examine if these attitudes vary as a semester progresses. Planned intervention strategies can be developed in order to meet the needs of the residents.

The information gained from this study will provide information in order to help develop new programs and modify existing ones that will meet the needs of the students, the residence hall staff, and the counseling center staff. The programs will help individuals better understand why people attempt and commit suicide and how to reduce the stigma attached to this behavior.

## Research Questions

This study will address the following questions:

1. What are the attitudes toward suicide for those students living in the residence halls?

2. Do students' attitudes on suicide change during a semester?

3. Upon examining other demographics such as gender, age, graduate versus undergraduate housing, religious affiliation, and personal experience with suicide, are results held constant for any of these over the semester?

4. Are attitudes toward suicide more negative when a student has more academic pressures?

## Research Design

The sample population will be Iowa State University students living in university housing. Part of the sample will be two undergraduate male houses (floors) and two undergraduate female houses. These houses will be randomly selected from the three residence hall complexes: Towers Residence Halls, Richardson Court Residence Halls, and Union Drive Residence Halls. The Suicide Opinion Questionnaire (SOQ) will be administered at a house meeting and collected immediately after completion (Domino et al., 1982).

A second part of the sample will be residents of Buchanan hall which is graduate student housing. The SOQ

will be distributed through residents' mailboxes and turned in to the Buchanan Post Office.

The SOQ will be distributed by the third week in October, a second time in mid-December, and a final time in mid-January. The second administration will only be given to those who chose to participate in the first administration and the third administration will only be given to those who chose to participate in the first and second administrations.

## Organization of the Study

Chapter I contains the introduction, statement of the problem, statement of purpose, variables, statement of assumptions, statement of hypotheses, limitations of the study, significance of the study, research questions, and research design.

Chapter II reviews literature related to the problem statement. The review includes what suicide is, characteristics of suicide contemplators and attemptors, and factors related to why an individual might attempt suicide. The review also examines studies on attitudes toward suicide.

Chapter III discusses the methods and procedures used for this study. Descriptions of the subjects, instrument, procedures,and data analysis are included.

Chapter IV reports the results of the data analysis.

Chapter V summarizes the study. Conclusions are drawn and recommendations for future studies are included.

# CHAPTER II. REVIEW OF LITERATURE

The review of literature is generated through the use of journals, books, ERIC documents on the topics of suicide, stress, loneliness, attitudes toward suicide, written correspondence with Dr. George Domino developer of the Suicide Opinions Questionnaire, and personal interviews with Dr. Frank Martinez, a psychologist in Student Counseling services and Ms. Sue Stock, a Master's candidate and an Alcohol and Education Programmer for the Department of Residence. Both Dr. Martinez and Ms. Stock are employed at Iowa State University.

The personal contacts and the review of literature suggest that attitudes toward suicide do play a role in what type of atmosphere in which individuals must live. The research suggests that the attitudes which people have toward suicide and toward those who attempt are negative. The research also suggests that these attitudes play a role in defining the living environment. However, researchers do not examine attitudes that undergraduate and graduate students at a large mid-Western university have; nor do researchers probe whether these attitudes change as a semester progresses.

This chapter will review literature related to suicide. It will examine studies that focus on factors which may lead to suicide ideation as well as the characteristics of

high-risk groups. The review will examine attitudes toward suicide, those who may contemplate or attempt it, and what relationship exists between the attitudes and the living environment. Finally the review will cite programs and resources that are already available at Iowa State University in the area of suicide, its prevention, and attitudes toward this phenomenon.

## Suicide Factors/Characteristics

Studies have suggested many factors play roles in contributing to suicide ideation. Neiger and Hopkins (1988) studied some of these factors. Their study compiled data from various sources and developed a list of character traits of teenagers who might be in the high-risk category as related to suicide attempts. The article suggested that ages 15-24 increase the likelihood of suicide. This is a time of changes: physically, emotionally, psychologically, and socially. Many students feel they are "on stage" and that everyone is always examining and judging them. Another factor that may play a role according to Neiger and Hopkins (1988) is gender. They suggest that females attempt suicide three times more than males do. However, men succeed in their attempts twice as often as women. Men may use more violent means such as guns for a suicide attempt. Women, on the other hand, may take pills or slit their wrists which allows more time for others to intercede.

The article goes on to suggest that blacks attempt more than other races and that whites succeed more often. The highest rate of completed suicides, nevertheless, is found among Native Americans. The article also suggests that as many as half of all teenagers suffer from depression and most of those who are depressed suffer from low self-esteem (Neiger & Hopkins, 1988).

Finally, the authors note that many high-risk teenagers talk about and preplan suicides, many have poor family relations and many abuse alcohol and/or other drugs. A recent loss due to death or separation and other precipitating factors such as a fight or poor academics may heighten a student's risk factor (Neiger & Hopkins, 1988). However, these characteristics are not always present. One must realize that the individual is important. Any unordinary behaviors may be a sign for action.

Vredenburg, O'Brien, and Krames (1988), through their research, also suggested that social and family problems may lead to suicide ideation. In this study the researchers used 74 subjects from the University of Toronto. Several inventories consisted of the Beck Depression Inventory (BDI) which measures the severity of the symptoms of depression; the Academic Interaction Inventory which examines assertiveness; the Depression Locus of Control Scale which assesses the "degree of perceived self-control over feelings

of depression in particular and over behavior in general" (p. 420); the Dysfunctional Attitudes Scale - Form A which examines factors that may predispose one to depression; the Personal Attributes Questionnaire which examines sex-role orientation; and the Personality Research Form which is a self-report inventory which assesses personality traits (Vredenburg, O'Brien, & Krames, 1988).

The results of this study which surveyed college student depression and its relationship to personality characteristics and unique college life experiences suggested that students do experience depression. Self-reported information by these students suggested that their depression is different and more frequent and severe than others who experience depression. Seventy-four percent of those who were classified as depressed with the first administration of the BDI were also classified as depressed three months later with the second administration (Vredenburg, O'Brien, & Krames, 1988). The depressed students also felt as if the intensity of their depression had increased due to events that occurred while at college. Many students had considered suicide even though their depression was considered mild (Funderbunk & Archer, 1989; Vredenburg, O'Brien, & Krames, 1988).

The personality characteristics of those students considered depressed suggested that many do not have the

interpersonal skills needed to adjust to situations that occur in college settings. They also show a lack of control and coping skills to deal with their problems and emotions (Vredenburg, O'Brien, & Krames, 1988).

With regard to the number of depressed students who have considered suicide, it is alarming how few have actually sought professional help. This may be due to a lack of awareness of available resources such as counseling services, but in many situations the students believe they can resolve their problems by themselves or that the counseling center cannot help them with their particular problems (Hoglund & Collison, 1989; Vredenburg, O'Brien, & Krames, 1988). Vredenburg, O'Brien, and Krames (1988) suggest that professional help may not be all that these depressed students need, but rather "remedial training programs in areas such as social skills, assertiveness, and study habits" (p. 424).

A study by Bernard and Bernard (1982) suggests that three-fourths of students who attempted suicide did so because of social and family problems. Other studies also suggest that social problems as well as academic problems contributed to suicide ideation of students (Schotte & Clum, 1982; Westefeld & Furr, 1987). Bernard and Bernard's (1982) study ties in with the recommendations of Vredenburg, O'Brien, Krames (1988). These at-risk students do not have

the interpersonal skills in order to act and react to demands put on them by family and peers. Some of the students in Bernard and Bernard's research suggest that information about the availability of counseling and other similar resources such as support groups should be more visible. However, the majority of the students in the study have no suggestions at all on what the university could have done.

Carson and Johnson (1985) also suggested through their research that coming to school can lead to suicide ideation, but school would also be a place to assist students with their problems. Their study used a modified form of the Social Readjustment Rating Scale on over 200 undergraduate students. The students were asked questions like: Have you ever thought of suicide seriously; or Have you ever been taught to deal specifically with your problems or emotions.

Results of the study suggested that 20% had seriously considered suicide. Most of these students with suicidal thoughts were also the ones who felt that they had no other resources to help them deal with their problems. Social problems seemed to be the leading cause of suicidal ideation in these students (Carson & Johnson, 1985).

Other results suggested that isolation plays a key role with those who are suicidal. Bernard and Bernard (1982) suggested that keeping the suicidal students in school and

with support groups may be, in many instances, much better for the students. This is due to the fact that many home environments are not supportive and may be the cause of some of the students' problems in the first place.

Several other studies have found loneliness and isolation to play roles in whether a student may be suicidal (Bonner & Rich, 1988; Diamont & Windholz, 1981; Hoglund & Collison, 1989; Ponzetti & Cate, 1988; Sundberg, 1988).

Bonner and Rich (1988) used several instruments such as the Scale for Suicide Ideation, the Life Experiences Survey which assessed cumulative negative life stress, the Midterm Stress Scale which examined perceived stress during the midterms, the UCLA Loneliness Scale and Self-Rating Depression Scale, the Rational Beliefs Inventory, and the Reasons for Living Inventory on students in order to assess some of these issues. Their findings suggested that loneliness, depression, and life stresses correlate with suicide ideation (Bonner & Rich, 1988).

Several years earlier Diamont and Windholz (1981) examined loneliness in college students and used some of the same instruments as Bonner and Rich (1988) including the UCLA Loneliness Scale and the Beck Depression Inventory. Diamont and Windholz's study also suggested loneliness correlated with suicide potential and that among college students loneliness is prevalent. Studies by Hoglund and

Collison (1989) and Ponzetti and Cate (1988) also utilized the UCLA Loneliness Scale and many of their results concurred with the previously mentioned studies Bonner and Rich (1988) and Diamont and Windholz (1981).

Suicide is a very complex problem. The signs that one might look for in order to be alerted to possible danger may not be there. Hypotheses exist on what situations might put a student at risk, however this information must be disseminated to those who would have the most likely chance to observe these signs. Students must continue to be educated about suicide and how to report individuals who might be at risk. This information must be reinforced so that students do not shrug off incidents and comments as just a person wanting attention.

Loneliness and isolation continue to be key factors in suicide ideation. This coupled with social difficulties with family and/or peers heightens the chance of a suicide attempt (Carson & Johnson, 1985; Neiger & Hopkins, 1988; Sundberg, 1988; Vredenburg, O'Brien, & Krames, 1988; Wright, Snodgrass, & Emmons, 1984). However, one cannot stress enough that these are only some of the signs and any or none of these may be present before a suicide. Any irregular behavior may be a sign of a problem that could eventually lead to suicide contemplation and an attempt (Bonner & Rich, 1987; Bonner & Rich, 1988).

## Attitudes Toward Suicide

Research in the area of student attitudes toward suicide is very limited. Most research has its basis with the individuals who attempt suicide or succeed with their attempts. The research which does examine attitudes toward suicide focuses on how to help those who are alive deal with their emotions after a suicide occurs (Bernard & Bernard, 1980; Butler & Statz, 1986; Charles & Eddy, 1987; Jacobs & Towns, 1984).

Most of the research that examines attitudes of students toward suicide and those who attempt or contemplate suicide have been confined to Domino and his research using the Suicide Opinion Questionnaire.

Others who have researched this area include Deluty (1988-89), Reynolds and Cimbolic (1988-89), White and Stillion (1988), and Minear and Brush (1980-81). Each study examined an aspect of attitudes toward suicide.

In Deluty's research, he examined individual's attitudes toward suicide with a questionnaire which consisted of 12 scenarios. Following each scenario the subjects answered questions where they checked off answers in a Likert fashion or yes/no form. The results varied according to scenario. For example, elderly people or those who are terminally ill were seen as more positive than middle-aged adults or those who might only be psychologically ill, if an attempt were

made. Nevertheless, no suicide was viewed as positive (Deluty, 1988-89).

Reynolds and Cimbolic (1988-89) also used scenarios and Likert-scaled questions in their study which examined attitudes toward survivors of someone who committed suicide. The results of their study suggested parents and spouses of suicide victims are seen more negatively than are children of suicide victims. The study also suggested that the survivors around the victim may be blamed and will not get the social support that they might need in this time of personal crisis. The researchers noted that research must be done to explore how one might alter these negative feelings and stigmas attached to all aspects of suicide.

White and Stillion's (1988) research examined attitudes toward suicide, however, they focused on gender issues. They replicated studies previously examined. Their data suggested that females sympathized more with those who were contemplating suicide than males did.

The research used the Suicide Attitude Vignette Experience (SAVE) which contained ten situations involving suicide. In five the main character was female and in the other five the main character was male. All were suicidal. Sympathy and empathy were examined using a Likert scale. The population included approximately 200 students at an east coast school (White & Stillion, 1988).

Not only did the data suggest that females tend to be more sympathetic than their male counterparts when the issue suicide, but also that female subjects did not hold back sympathy based on the gender of the victim. On the other hand, males seem to sympathize most with males who were not suicidal over any females or males who might be suicidal (White & Stillion, 1988). Thus in many cases males may alienate those who might be suicidal and want to talk to someone. In a residence hall situation the ones who typically live closest to a potential victim are usually of the same gender, consequently the living environment may become one where the suicidal individual will be uncomfortable sharing feelings. This could also suggest why many males find ways to be successful in their attempts. If they are unsuccessful they may have to face peers and the stigmas attached to the ideas of suicide.

Finally, like the aforementioned research, Minear and Brush (1980-81) examined student attitudes toward suicide. They used 29-item survey which they developed in order to assess students' beliefs whether people have a right to commit suicide, their ethical attitudes concerning suicide, and their belief in an afterlife.

Minear and Brush (1980-81) suggested that students did not believe suicide was morally wrong, nevertheless they could not see themselves ever attempting it. The

researchers also noted that Jews, Protestants, and Catholics, in that order, were more supportive and understanding of suicide. Finally, the study suggested that the more organized a religion and the more frequently a person attended an organized service, the less likely those individuals would consider suicide to be an option for anyone.

Domino has also researched attitudes toward suicide. His research using the Suicide Opinion Questionnaire (SOQ) has looked at attitudes toward suicide with regard to several populations (Domino, Gibson, Poling, & Westlake, 1980; Domino, Moore, Westlake, & Gibson, 1982; Limbacher & Domino, 1985-86; Domino, MacGregor, & Hannah, 1988-89; Domino & Leenaars, 1989).

In Domino, Gibson, Poling, and Westlake (1980) research, the SOQ, a 100 item attitudinal questionnaire, was administered to a diverse student population from across the United States, in large and small, public and private universities. There were 800 subjects from the nine universities participating in this study. The SOQ used also a 5-point Likert scale ranging from strongly agree to strongly disagree.

The research suggested that for over half of the items 60% or more of the respondents selected answers from one side of the "are undecided" mark (strongly agree/agree or

disagree/strongly disagree). The research also suggested that for almost a fifth of the SOQ items 33% of the respondents selected "are undecided" (Domino, Gibson, Poling, & Westlake, 1980).

The items on the Suicide Opinion Questionnaire were divided into nine categories. The categories were mental illness, religion, a cry for help, personal values, family aspects, motivational aspects, demographic variables, incurable disease, and miscellaneous concerns. The results of the study relate suicide to "religion, personal values, one's own views towards mental illness, and a person's very self-concept" (Domino, Gibson, Poling, & Westlake, 1980, p. 130). The views of the respondents also suggested that many of them have positive attitudes towards suicide, that they would not be ashamed if someone they knew committed suicide. The researchers continued by stating that many of the participants of the study believe that things must be done to help prevent suicides, but many were unaware of some of the facts surrounding suicide such as approximately 40% believe that suicide is spontaneous, that there is no thought involved when one takes his/her own life. Suicide education in these cases are a must.

Further studies concerning the SOQ went on to clinically analyze data. One such study involved a comparison of student attitudes toward suicide between American students

and students from New Zealand. The clinical scale divided the questions into eight categories: Mental illness with 13 items and test-retest reliability of .83; Cry for help with 12 items and a test-retest reliability of .86; Right to die with 8 items and a test-retest reliability of .76; Religion with 7 items and test-retest reliability .82; Impulsitivity with 7 items and a test-retest reliability of .76; Normality with 7 items and a test-retest reliability of .77; Aggression with 6 items and a test-retest reliability of .75; and Moral evils with 4 items and a test-retest reliability of .75. There was a ninth scale, however, it was dropped die to the reliability being less than .70 (Domino, MacGregor, & Hannah, 1988-89).

Other research by Domino has used a factor analysis approach with 15 factors (Domino & Leenaars, 1989; Limbacher & Domino, 1985-86). However, Dr. Domino said that the clinical scales may be more meaningful with regard to attitudes toward suicide. Several of Domino's studies which examined aspects of suicide used the factor analysis. Limbacher and Domino (1985-86) found that their research comparing attitudes of attempters, contemplators, and non-attempters proposed that attempters and contemplators were more sympathetic toward suicide than those who were considered non-attempters. Their study also found that attitudes did not differ when comparing whether the subjects

knew a person who had committed suicide. The results also stated that non-attempters were the most likely to disregard a suicide as lethal and to believe suicide was caused by mental illness (Limbacher & Domino, 1985-86).

As in other studies attitudes toward suicide did not vary due to gender (Domino & Leenaars, 1989; Domino, MacGregor, Hannah, 1988-89; Limbacher & Domino, 1985-86). However there were some notable dynamics with regard to gender. Males were slightly more likely to believe that one who attempts suicide really wants to die. The data supported the statement that more men may accept suicide as alternative to living than women.

The research by Domino and others has demonstrated that attitudes toward suicide are as complicated as suicide itself. Research in this area must continue in order to better understand this phenomenon. Research must also begin to examine what can be done to reduce the negative attitudes and stigmas attached when a suicide attempt or suicide occurs. Domino's research has begun preliminary studies on what attitudes exist, however this research must be put to use in some practical way in order to see if education will help reduce the negative attitudes toward suicide that have been seen in much of the prior research (Ansel & McGee, 1971; Deluty, 1988-89; Domino & Leenars, 1989; Domino, MacGregor & Hannah, 1988-89; Domino, Moore, Westlake, &

Poling, 1982; Ginsberg, 1971; Limbacher & Domino, 1985-86; Minear & Brush, 1980-81; Reynolds & Cimbolic, 1988-89; White & Stillion, 1988).

## Resources at Iowa State University

Currently there are very few programs on attitudes toward suicide at Iowa State University. Most of the programming at the university concerns reactionary measures by someone from Student Counseling Services after a suicide occurs. Dr. Frank Martinez, a psychologist at Student Counseling Services, said that programming focuses on helping individuals deal with emotions they might have after a suicide occurs (personal communication, 1990). Training and counseling is also available for Resident Assistants in order for them to be a more effective observer of other members of the floor. This type of suicide intervention seems relatively standard for Student Counseling Services. Dr. Martinez did say that a program on suicide and its fact and fallacies would be possible program. However, the program must look at individual values and how individuals internalize information about depression and suicide as well as basic information about suicide, some characteristics, and statistics. The program would also need to address what people can do if they notice signs. Dr. Martinez continued by saying that many people could present a program like this and it was a good idea that could be easily implemented.

Sue Stock, an Alcohol and Education Programmer for the Department of Residence, shared that the programming materials she had dealt mostly with procedures and policies that should be implemented when a suicide occurs (personal communication, 1990). She also had a few questionnaires which dealt with facts about suicide. However, she did not have information concerning students attitudes toward suicide nor did she have any material that would address students general feelings toward this subject and those who might contemplate or attempt suicide.

# CHAPTER III. METHODOLOGY

The methodology section will include descriptions of the sample population, the instrument used, and the procedures used to collect and analyze the data.

## Subjects

The original number of subjects of this study consisted of a total of 134 male and female undergraduate and graduate students living in university housing at Iowa State University during the fall semester 1990 and the spring semester 1991. The undergraduate sample was randomly selected from the three undergraduate residence associations: Towers Residence Association; Union Drive Association; and Richardson Court Association. Two male floors and two female floors were selected. Buchanan Hall, a graduate residence hall was selected as a sample population of graduate students.

The sample population decreased to a total of 78 subjects by the third administration. Much of the decrease in the undergraduate population was due to movement out of the residence hall between administrations. However, the largest decrease came from the graduate population which decreased by a third between the first and second administrations.

## Instrument

The instrument used for this study was the Suicide Opinion Questionnaire (SOQ). The questionnaire consisting of 107 items was developed by Domino, Gibson, Poling, and Westlake in 1980. The first 100 items are attitudinal statements. These 100 items were divided into eight categories: Mental illness; cry for help; right to die; religion; impulsivity; normality; aggression; and moral evils. The test-retest reliability for each category was as follows: Mental illness, .83; cry for help, .86; right to die, .76; religion, .82; impulsivity, .76; normality, .77; aggression, .75; moral evils, .75 (Domino, MacGregor & Hannah, 1988-89).

The last seven items were demographic in nature. However, for this study the last seven questions were modified. Some questions were deleted and some new questions were added. The questionnaire used in this study contains 110 items of which the last ten are demographic. Questions 101, 108, 109, and 110 are items from Domino's SOQ (1982). Questions 102, 106, and 107 were developed by the researcher in order to meet the needs of the study. Questions 103, 104, and 105 were extracted and modified from an instrument used by Minear and Brush (1980-81). The subjects were asked to respond to the first 100 items on a five-point Likert scale as to whether they: strongly agree;

agree; are undecided; disagree; strongly disagree. The last 10 items are multiple choice with the number of choices varying appropriately with the question stated. Finally, there was a blank sheet attached to the end of the questionnaire for any additional comments the subjects might have. This information was not used in any of the statistical procedures.

## Procedures

On October 2, 1990, a proposal was submitted to the Iowa State University Human Subjects Review Committee for approval. The committee approved the study and the questionnaire.

A proposal was submitted to the Iowa State University Department of Residence Program Staff. The researcher attended a meeting on October 11, 1990, in order to obtain permission to conduct the survey in the residence halls and to use the Buchanan Post Office to distribute surveys to graduate students living in this residence hall.

The undergraduate floors were selected and contact was made with the appropriate Hall Advisors and Resident Assistants. With the consent of the Resident Assistant the researcher attended a floor meeting in order to administer the surveys in mid-October. It was also understood by the Hall Advisor and Resident Assistant that the same floor would retake the survey in mid-December and a final time in

mid-January in the same manner as the first administration. Only those students who chose to participate in the initial administration of the SOQ in mid-October were asked to take the questionnaire in December. Only those who completed the questionnaire in the two previous administrations were asked to complete the SOQ in the final administration in January.

## Data Analysis

The data were coded and analyzed using SPSS-X procedures (SPSS Inc., 1988). Frequencies were performed in order to determine the demographics of the sample population and the mean responses to the first 100 questions of the SUicide Opinion Questionnaire. One-way analysis of variance (ANOVA) and t-tests were used to examine relationships among the independent variables and the eight factors in which the 100 statements were categorized. Questions 1, 19, 35, 38, 41, 43, 58, 65, 74, 82, 90, 94, and 98 reflected items concerning suicide as a mental illness. Questions 14, 17, 31, 37, 54, 56, 63, 71, 80, 83, 91, and 96 reflected items that suicide is not real, but rather a cry for help. Questions 5, 13, 18, 25, 50, 70, 79, and 95 reflected items concerning the right to die. Questions 7, 21, 45, 78, 81, 88, and 93 reflected the importance of religion. Questions 6, 10, 24, 32, 36, 48, and 75 reflected suicide as an impulsive act. Questions 2, 49, 55, 59, 62, 67, and 85 reflected suicide as a normal behavior. Questions 8, 11,

20, 29, 47, and 61 reflected items that suggest suicide is an act of aggression or anger. Questions 9, 57, 68, and 87 reflected items that suicide is morally bad. A test-retest reliability was performed on the three administrations using an ANOVA in order to examine consistency over time.

# CHAPTER IV. RESULTS

## Introduction

The purpose of this study was to further enhance the studies of Dr. George Domino and to assess the attitudes toward suicide of Iowa State University students. The study was also performed in order to examine whether these attitudes vary during different points of a semester. Finally, the study investigated whether gender, age, marital status, knowledge of someone who has committed suicide, and/or religious background have any relationship to these attitudes.

One-way analysis of variance (ANOVA) and t-tests were the statistical measures used to analyze the responses to the Suicide Opinion Questionnaire (SOQ). Frequencies were performed on the data in order to gather information about individual questions.

## Sample

The sample populations of the first administrations of SOQ consisted of a total of 134 male and female graduate and undergraduate students (see Table 1). The sample population decreased by 23.9% between the first administration in October 1990 and the second administration in December 1990. The total sample population for the second administration was 102. A decrease of 33.9% (N = 19) of graduate students

Table 1. Statistical profile of sample

| Demographic Variable | Administration Dates: Oct 90 N | Oct 90 Percent | Dec 90 N | Dec 90 Percent | Jan 91 N | Jan 91 Percent |
|---|---|---|---|---|---|---|
| Gender | | | | | | |
| Male | 65 | 50.8 | 49 | 48.0 | 36 | 47.4 |
| Female | 63 | 49.2 | 53 | 52.0 | 40 | 52.6 |
| Missing | 6 | - | 0 | - | 2 | - |
| Age | | | | | | |
| 17-22 | 78 | 61.4 | 69 | 69.0 | 49 | 64.5 |
| 23-28 | 32 | 25.2 | 18 | 18.0 | 15 | 19.7 |
| 29-over | 27 | 13.4 | 13 | 13.0 | 12 | 15.7 |
| missing | 7 | - | 2 | - | 2 | |
| Religion | | | | | | |
| Catholic | 37 | 29.4 | 32 | 32.3 | 23 | 30.7 |
| Protestant | 51 | 40.5 | 38 | 38.4 | 34 | 45.3 |
| Atheist/Agnostic | 9 | 7.1 | 10 | 10.1 | 6 | 8.0 |
| Other | 29 | 23.0 | 19 | 19.2 | 12 | 16.0 |
| Missing | 8 | - | 3 | - | 3 | - |
| Marital Status | | | | | | |
| Married | 7 | 5.6 | 5 | 5.0 | 6 | 8.0 |
| Single, divorced widowed | 119 | 94.4 | 95 | 95.0 | 69 | 92.0 |
| Missing | 8 | - | 2 | - | 3 | - |
| Knowledge of a Suicide | | | | | | |
| Yes | 64 | 50.8 | 53 | 53.0 | 36 | 48.0 |
| No | 62 | 49.2 | 47 | 47.0 | 39 | 52.0 |
| Missing | 8 | - | 2 | - | 3 | - |
| Scholastic Classification | | | | | | |
| Graduate | 56 | 41.8 | 37 | 36.3 | 28 | 35.9 |
| Undergraduate | 78 | 58.2 | 65 | 63.7 | 50 | 64.1 |

between the first and second administration was unexplained. One possible reason for a partial attrition was due to residents leaving school or moving out of the residence

halls. However, the large attrition rate in the graduate sample population would suggest that there was a conscious choice not to continue the research.

The decrease between the December 1990 and January 1991 administration was 23.5% (N = 22). The decrease at this juncture seems to be partially effected by residents moving out of the residence halls because of graduation or relocation to a different floor or building.

Although the number of subjects decreased with each administration the valid percentages of the demographic variables remained relatively consistent throughout the study (see Table 1).

## Student Attitudes

The items in Domino's Suicide Opinion Questionnaire were grouped into eight categories according to the emphasis of the questions and formed a clinical scale which the researcher used in the current study. The scales were: Mental Illness; Cry for Help; Right to Die; Religion; Impulsivity; Normality; Aggression; Moral Evil.

### Mental illness

The first scale was labeled Mental Illness. Items included in this scale have subjects examine suicide as a possible mental illness. Questions 1, 19, 35, 38, 41, 43, 58, 64, 74, 82, 90, 94, and 98 reflect suicide as a mental illness and are included in this scale.

Examples of items concerning suicide as a mental illness were: 1. "Most persons who attempt suicide are lonely and depressed." In the first administration, 73.1% strongly agreed/agreed with this item ($\bar{X}$ = 3.761). In the second administration, 76.5% strongly agreed/agreed ($\bar{X}$ = 3.873) and in the final administration 71.8% ($\bar{X}$ = 3.821). Another example of an item contained under Mental Illness was: 58. "People who attempt suicide and live should be required to undertake therapy to understand their inner motivation." With the first, second, and third administrations respectively, the percentages and means were: 73.8%, $\bar{X}$ = 3.799; 75.5%, $\bar{X}$ = 3.824; and 78.2%, $\bar{X}$ = 3.782.

Cry for help

The second scale contains questions 14, 17, 31, 37, 54, 56, 63, 71, 80, 83, 91, and 96 from the SOQ. These items examined suicide as an attempt to receive attention.

Sample questions from the Cry for Help variable were: 31. "Most people who try to kill themselves don't really want to die." The first administration had 77.4% of the sample population strongly agreeing/agreeing ($\bar{X}$ = 3.851). Concerning the second and third administration 75.5% ($\bar{X}$ = 3.716) and 73.1% ($\bar{X}$ = 3.769) of the subjects respectively strongly agreed/agreed with this items. Item 71. "A suicide is essentially a 'cry for help'" had 88.1% ($\bar{X}$ =

4.269), 91.1% ($\bar{X}$ = 4.265), and 78.5% ($\bar{X}$ = 4.090) of the subjects strongly agreeing/agreeing.

Right to die

The Right to Die scale contained items that examined subjects attitudes on whether suicide should be a decision made only by one individual. The scale contained eight questions. Those questions from the SOQ are numbers 5, 13, 18, 25, 50, 70, 79, and 95.

A representative question the variable Right to Die was: 79. "We should have 'suicide clinics' where people who want to die could do so in a painless and private manner." With the first administration 76.8% ($\bar{X}$ = 1.948) disagreed/ strongly disagreed; with the second, 76.5% ($\bar{X}$ = 2.059) and the third, 71.8% ($\bar{X}$ = 2.013).

Religion

Questions 7, 21, 45, 78, 81, 88, and 93 reflected the importance of religion and the possible conflicts between an individual's religions beliefs and the acceptance of suicide.

An item concerning religion was: 45. "Most people who commit suicide do not believe in an afterlife." In the first administration 45.5% chose c. are undecided. In the second administration 46.1% chose c. and 50.0% chose it in the third administration. This particular variable had a higher percentage of the subjects selecting c.

Impulsivity

The fifth scale contained seven items. The items in this scale reflected suicide as an impulsive act, an act brought on by one isolated incident and one that has no planning involved. Questions 6, 10, 24, 32, 36, 48, and 75 are contained in this scale.

Examining suicide as an impulsive action (Impulsivity), one example from the questionnaire was: 32. "Suicide happens without warning." Seventy-five point four percent ($\bar{X}$ = 2.194) of the sample population disagreed/strongly agreed in the first administration. In the second and third administrations of the questionnaire, the percentages and means were 80.4% ($\bar{X}$ = 2.108) and 74.3% ($\bar{X}$ = 2.128) respectively.

Normality

Items 2, 49, 55, 59, 62, 67, and 85 are part of this scale which reflects suicide as a normal behavior. Included in this scale are ideas that anyone can be a victim of a suicide.

With respect to Normality, item 59. "Suicide is a normal behavior" 77.6% ($\bar{X}$ = 1.933) disagreed/strongly disagreed in October. In December, 76.4% ($\bar{X}$ = 2.020) of the participants disagreed/strongly disagreed and finally in January 69.2% ($\bar{X}$ = 3.538).

Aggression

This acale reflected suicide as an act of agression or anger. This scale contained items 8, 11, 20, 29, 47, and 61.

Aggression seemed to be similar to Religion with a large number of subjects selecting c. are undecided. However, one example was number 20. "Some people commit suicide as an act of self-punishment." Sixty-eight percent ($\bar{X}$ = 3.672) of the subjects selected strongly agreed/agreed in the first administration; 63.8% ($\bar{X}$ = 3.569) selected them in the second; and 62.8% ($\bar{X}$ = 3.538) in the final administration.

Moral evil

The final scale contained four items. These items were 9, 57, 68, and 87. The Moral Evil scale reflected attitudes toward suicide as an act that is morally wrong.

The category Moral Evil looked at attitudes with questions similar to item 87. "People who die by suicide should not be buried in the same cemetery as those who die naturally." With this particular item, 88.1% ($\bar{X}$ = 1.739) of the subjects disagreed/strongly disagreed in the first administration. In the second administration 92.1% ($\bar{X}$ = 1.725) disagreed/strongly disagreed and in the last administration 71.8% ($\bar{X}$ = 2.218) chose disagreed/strongly disagreed.

T-tests performed on the data seemed to support the first hypothesis that there are no differences between genders concerning attitudes toward suicide (see Table 2a, b, and c). The only exceptions to this would be variables concerning Religion and Impulsivity in the second and third administrations and Moral Evil in the third administration of the Suicide Opinion Questionnaire. The data suggested that male and female attitudes may vary at $p < .01$ where issues of religion, impulsivity, and moral evils are concerned. The data also suggested that females tend to disagree more strongly than males on all three categories; that is to say females of this sample feel that the beliefs in religion do not contradict with the issues of suicide as much as males do.

In both the second and third administrations the data seem to suggest that males believe that suicide is more of an impulsive act than females. The third administration also suggested that males feel suicide is morally wrong more than their female counterparts.

The second hypothesis stated there is no difference in attitudes toward suicide among age groups. Due to the limited number of respondents in the age groups: 29-34; 35-40; and 40-over, these three groups were collapsed to form one age group 29-over. The only significant F ratio

Table 2. Mean scores for males (M) and females (F) on the Suicide Opinion Questionnaire clinical scales for the three administrations

| Variable | Group | Mean[a] Scores | S.D. | T-value | 2-Tailed Probability |
|---|---|---|---|---|---|
| Mental Illness | | | | | |
| Oct 90 | M | 3.19 | 0.37 | 0.57 | 0.570 |
| | F | 3.15 | 0.41 | | |
| Dec 90 | M | 3.22 | 0.39 | 0.22 | 0.828 |
| | F | 3.20 | 0.44 | | |
| Jan 91 | M | 3.30 | 0.45 | 1.05 | 0.299 |
| | F | 3.20 | 0.38 | | |
| Cry for Help | | | | | |
| Oct 90 | M | 3.17 | 0.32 | -1.03 | 0.307 |
| | F | 3.23 | 0.37 | | |
| Dec 90 | M | 3.18 | 0.28 | -0.66 | 0.508 |
| | F | 3.22 | 0.33 | | |
| Jan 91 | M | 3.18 | 0.39 | -0.48 | 0.630 |
| | F | 3.22 | 0.34 | | |
| Right to Die | | | | | |
| Oct 90 | M | 2.47 | 0.71 | 0.16 | 0.872 |
| | F | 2.45 | 0.61 | | |
| Dec 90 | M | 2.48 | 0.60 | -0.23 | 0.816 |
| | F | 2.51 | 0.68 | | |
| Jan 91 | M | 2.47 | 0.66 | -0.37 | 0.711 |
| | F | 2.53 | 0.74 | | |
| Religion | | | | | |
| Oct 90 | M | 2.94 | 0.55 | 1.25 | 0.215 |
| | F | 2.81 | 0.62 | | |
| Dec 90 | M | 3.12 | 0.58 | 2.88** | 0.005 |
| | F | 2.79 | 0.57 | | |
| Jan 91 | M | 3.32 | 0.56 | 3.92** | 0.000 |
| | F | 2.79 | 0.63 | | |
| Impulsivity | | | | | |
| Oct 90 | M | 3.00 | 0.47 | 1.71 | 0.089 |
| | F | 2.88 | 0.38 | | |
| Dec 90 | M | 2.92 | 0.38 | 2.90** | 0.005 |
| | F | 2.71 | 0.38 | | |
| Jan 91 | M | 3.03 | 0.37 | 4.39** | 0.000 |
| | F | 2.68 | 0.32 | | |

Table 2. Continued

| Variable | Group | Mean Scores | S.D. | T-value | 2-Tailed Probability |
|---|---|---|---|---|---|
| Normality | | | | | |
| Oct 90 | M | 2.75 | 0.46 | -1.64 | 0.105 |
| | F | 2.88 | 0.51 | | |
| Dec 90 | M | 2.70 | 0.47 | -1.59 | 0.115 |
| | F | 2.86 | 0.51 | | |
| Jan 91 | M | 2.96 | 0.61 | 0.75 | 0.453 |
| | F | 2.86 | 0.53 | | |
| Aggression | | | | | |
| Oct 90 | M | 3.17 | 0.52 | 0.14 | 0.888 |
| | F | 3.15 | 0.54 | | |
| Dec 90 | M | 3.14 | 0.44 | -0.43 | 0.666 |
| | F | 3.18 | 0.56 | | |
| Jan 91 | M | 3.28 | 0.52 | 0.37 | 0.714 |
| | F | 3.23 | 0.54 | | |
| Moral Evil | | | | | |
| Oct 90 | M | 2.73 | 0.61 | 0.27 | 0.789 |
| | F | 2.70 | 0.75 | | |
| Dec 90 | M | 2.79 | 0.60 | 1.58 | 0.116 |
| | F | 2.59 | 0.62 | | |
| Jan 91 | M | 3.12 | 0.57 | 3.45** | 0.001 |
| | F | 2.64 | 0.63 | | |

**p < .01.

[a]Scale: 5-strongly agree
4-agree
3-undecided
2-disagree
1-strongly disagree

was concerning suicide as a mental illness in the second administration at $p < .01$ (see Table 3b). Overall, the data analysis supported this hypothesis.

With regards to the third hypothesis, the data analysis suggested that there was a difference in attitudes toward suicide among various religions.

Some manipulations were necessary due to the demographics of the sample. The sample population contained one self-reported Jewish respondent. This individual was placed in the "other" category. This category may also contain individuals who misinterpreted the "Protestant" term. Several questionnaires were corrected by the researcher where the subjects marked "other" and filled the blank with Lutheran, Methodist, or other religions considered Protestant. However a majority of those who chose "other" did not place a name in the blank.

Several significant differences were found at the $p < .01$ and $p < .05$ levels. The variable Right to Die was found to be significant at $p < .01$ for the first and third administrations and at $p < .05$ for the second administration thus suggesting that there is a difference among the groups with regard to this variable. The variables Religion, Normality, and Aggression were found to have significant differences at $p < .05$ for the first administration again

Table 3. ANOVA for age groups on the Suicide Opinion Questionnaire clinical scales for the three administrations

| Variable | | SS | df | MS | F Ratio | F Probability |
|---|---|---|---|---|---|---|
| Mental Illness | | | | | | |
| Oct 90 | Between | .29 | 2 | .1471 | .9696 | .3821 |
| | Within | 18.81 | 124 | .1517 | | |
| Dec 90 | Between | 1.65 | 2 | .8225 | 5.4830** | .0055 |
| | Within | 14.55 | 97 | .1500 | | |
| Jan 91 | Between | .43 | 2 | .2131 | 1.2395 | .2956 |
| | Within | 12.55 | 73 | .1719 | | |
| Cry for Help | | | | | | |
| Oct 90 | Between | .16 | 2 | .0781 | .6692 | .5139 |
| | Within | 14.47 | 124 | .1167 | | |
| Dec 90 | Between | .07 | 2 | .0334 | .3557 | .7016 |
| | Within | 9.12 | 97 | .0940 | | |
| Jan 91 | Between | .04 | 2 | .0206 | .1552 | .8565 |
| | Within | 9.68 | 73 | .1326 | | |
| Right to Die | | | | | | |
| Oct 90 | Between | .11 | 2 | .0540 | .1229 | .8845 |
| | Within | 54.55 | 124 | .4399 | | |
| Dec 90 | Between | .07 | 2 | .0358 | .0875 | .9163 |
| | Within | 39.66 | 97 | .4089 | | |
| Jan 91 | Between | .33 | 2 | .1642 | .3293 | .7205 |
| | Within | 36.39 | 73 | .4985 | | |
| Religion | | | | | | |
| Oct 90 | Between | .46 | 2 | .2286 | .6630 | .5171 |
| | Within | 42.76 | 124 | .3448 | | |
| Dec 90 | Between | .49 | 2 | .2425 | .6806 | .5087 |
| | Within | 34.56 | 97 | .3563 | | |
| Jan 91 | Between | 1.06 | 2 | .5307 | 1.2725 | .2863 |
| | Within | 30.44 | 73 | .4170 | | |
| Impulsivity | | | | | | |
| Oct 90 | Between | .67 | 2 | .3346 | 1.8274 | .1651 |
| | Within | 22.70 | 124 | .1831 | | |
| Dec 90 | Between | .21 | 2 | .1052 | .7002 | .4990 |
| | Within | 14.57 | .97 | .1502 | | |
| Jan 91 | Between | .05 | 2 | .0260 | .1722 | .8422 |
| | Within | 11.02 | 73 | .1509 | | |

Table 3. Continued

| Variable | | SS | df | MS | F Ratio | F Probability |
|---|---|---|---|---|---|---|
| Normality | | | | | | |
| Oct 90 | Between | .52 | 2 | .2605 | 1.1198 | .3296 |
| | Within | 28.84 | 124 | .2326 | | |
| Dec 90 | Between | .59 | 2 | .2964 | 1.1880 | .3092 |
| | Within | 24.20 | 97 | .2495 | | |
| Jan 91 | Between | .63 | 2 | .3167 | .9778 | .3810 |
| | Within | 23.64 | 73 | .3238 | | |
| Aggression | | | | | | |
| Oct 90 | Between | .97 | 2 | .4827 | 1.7703 | .1746 |
| | Within | 33.79 | 124 | .2725 | | |
| Dec 90 | Between | .56 | 2 | .2778 | 1.1114 | .3333 |
| | Within | 24.25 | 97 | .2500 | | |
| Jan 91 | Between | .42 | 2 | .2113 | .7652 | .4689 |
| | Within | 20.16 | 73 | .2762 | | |
| Moral Evil | | | | | | |
| Oct 90 | Between | .35 | 2 | .1740 | .3743 | .6885 |
| | Within | 57.62 | 124 | .4647 | | |
| Dec 90 | Between | .66 | 2 | .3300 | .8759 | .4198 |
| | Within | 36.55 | 97 | .3768 | | |
| Jan 91 | Between | 1.31 | 2 | .6564 | 1.6109 | .2067 |
| | Within | 29.75 | 73 | .4075 | | |

**p< .01.

suggesting differences among the groups (see Table 4a, b, and c).

The hypothesis that "Attitudes toward suicide are more positive when religious beliefs are strong and participation in activities related to those beliefs are more regular" was supported with regards to several factors contained in the Suicide Opinion Questionnaire.

The data analysis suggested that the variable Right to Die may be related to the strength of one's convictions. There were significant factors at the $p < .01$ during the first and second administrations and significant at $p < .05$ during the third administration. This would seem to suggest that the stronger one's convictions to a particular belief, the stronger one's belief that an individual should not take his/her own life.

During the second administration the variable Religion was significant at the $p < .01$ level. During the third administration the variable Normality was significant at the $p < .05$. Because of the inconsistency with the different administrations these two variables in regards to strength of beliefs may be due to error.

The homogeneity of the group did not allow accurate data analysis to be performed with regards to the fifth hypothesis which stated that "there is no difference in attitudes toward suicide between students who are single,

Table 4. ANOVA for religions on the Suicide Opinion Questionnaire clinical scales for the three administrations

| Variable | | SS | df | MS | F Ratio | F Probability |
|---|---|---|---|---|---|---|
| Mental Illness | | | | | | |
| Oct 90 | Between | .81 | 3 | .2712 | 1.8251 | .1461 |
| | Within | 18.13 | 122 | .1486 | | |
| Dec 90 | Between | .45 | 3 | .1501 | .9081 | .4402 |
| | Within | 15.70 | 95 | .1653 | | |
| Jan 91 | Between | .02 | 3 | .0060 | .0330 | .9919 |
| | Within | 12.96 | 71 | .1825 | | |
| Cry for Help | | | | | | |
| Oct 90 | Between | .16 | 3 | .0527 | .4444 | .7217 |
| | Within | 14.46 | 122 | .1185 | | |
| Dec 90 | Between | .47 | 3 | .1557 | 1.7355 | .1650 |
| | Within | 8.52 | 95 | .0897 | | |
| Jan 91 | Between | .16 | 3 | .0538 | .3994 | .7538 |
| | Within | 9.56 | 71 | .1346 | | |
| Right to Die | | | | | | |
| Oct 90 | Between | 6.47 | 3 | 2.1578 | 5.4650** | .0015 |
| | Within | 48.17 | 122 | .3948 | | |
| Dec 90 | Between | 4.18 | 3 | 1.3933 | 3.7493* | .0136 |
| | Within | 35.30 | 95 | .3716 | | |
| Jan 91 | Between | 4.88 | 3 | 1.6254 | 3.7427* | .0148 |
| | Within | 30.84 | 71 | .4343 | | |
| Religion | | | | | | |
| Oct 90 | Between | 3.52 | 3 | 1.1728 | 3.6070* | .0154 |
| | Within | 39.67 | 122 | .3252 | | |
| Dec 90 | Between | 1.13 | 3 | .3755 | 1.0537 | .3726 |
| | Within | 33.86 | 95 | .3564 | | |
| Jan 91 | Between | .84 | 3 | .2800 | .6484 | .5865 |
| | Within | 30.66 | 71 | .4318 | | |
| Impulsivity | | | | | | |
| Oct 90 | Between | .88 | 3 | .2935 | 1.6015 | .1925 |
| | Within | 22.36 | 122 | .1833 | | |
| Dec 90 | Between | .78 | 3 | .2614 | 1.7926 | .1538 |
| | Within | 13.85 | 95 | .1458 | | |
| Jan 91 | Between | .52 | 3 | .1730 | 1.1673 | .3284 |
| | Within | 10.53 | 71 | .1482 | | |

Table 4. Continued

| Variable | | SS | df | MS | F Ratio | F Probability |
|---|---|---|---|---|---|---|
| Normality | | | | | | |
| Oct 90 | Between | 1.83 | 3 | .6102 | 2.7036* | .0485 |
| | Within | 27.53 | 122 | .2257 | | |
| Dec 90 | Between | .98 | 3 | .3278 | 1.3147 | .2742 |
| | Within | 23.69 | 95 | .2493 | | |
| Jan 91 | Between | .68 | 3 | .2258 | .6861 | .5635 |
| | Within | 23.36 | 71 | .3291 | | |
| Aggression | | | | | | |
| Oct 90 | Between | 2.23 | 3 | .7445 | 2.8031* | .0427 |
| | Within | 32.40 | 122 | .2656 | | |
| Dec 90 | Between | .22 | 3 | .0745 | .2882 | .8338 |
| | Within | 24.56 | 95 | .2585 | | |
| Jan 91 | Between | .33 | 3 | .1090 | .3853 | .7639 |
| | Within | 20.08 | 71 | .2829 | | |
| Moral Evil | | | | | | |
| Oct 90 | Between | 3.24 | 3 | 1.0808 | 2.4318 | .0683 |
| | Within | 54.22 | 122 | .4444 | | |
| Dec 90 | Between | 2.28 | 3 | .7582 | 2.0891 | .1068 |
| | Within | 34.48 | 95 | .3630 | | |
| Jan 91 | Between | .92 | 3 | .3059 | .7240 | .5410 |
| | Within | 30.00 | 71 | .4226 | | |

*p < .05.
**p < .01.

Table 5. ANOVA for strength of beliefs on the Suicide Opinion Questionnaire clinical scales for the three administrations

| Variable | | SS | df | MS | F Ratio | F Probability |
|---|---|---|---|---|---|---|
| Mental Illness | | | | | | |
| Oct 90 | Between | .24 | 4 | .0604 | .3858 | .8185 |
| | Within | 18.80 | 120 | .1567 | | |
| Dec 90 | Between | .77 | 4 | .1928 | 1.1873 | .3214 |
| | Within | 15.42 | 95 | .1624 | | |
| Jan 91 | Between | .40 | 4 | .0996 | .5544 | .6964 |
| | Within | 12.58 | 70 | .1797 | | |
| Cry for Help | | | | | | |
| Oct 90 | Between | .33 | 4 | .0816 | .6939 | .5970 |
| | Within | 14.11 | 120 | .1176 | | |
| Dec 90 | Between | .38 | 4 | .0946 | 1.0202 | .4010 |
| | Within | 8.81 | 95 | .0927 | | |
| Jan 91 | Between | .60 | 4 | .1449 | 1.1095 | .3590 |
| | Within | 9.14 | 70 | .1306 | | |
| Right to Die | | | | | | |
| Oct 90 | Between | 9.38 | 4 | 2.3447 | 6.2663** | .0001 |
| | Within | 44.90 | 120 | .3742 | | |
| Dec 90 | Between | 10.34 | 4 | 2.5855 | 8.3565** | .0000 |
| | Within | 29.39 | 95 | .3094 | | |
| Jan 91 | Between | 5.99 | 4 | 1.4984 | 3.5296* | .0111 |
| | Within | 29.72 | 70 | .4245 | | |
| Religion | | | | | | |
| Oct 90 | Between | 3.21 | 4 | .8012 | 2.4269 | .0516 |
| | Within | 39.61 | 120 | .3301 | | |
| Dec 90 | Between | 5.04 | 4 | 1.2603 | 3.9908** | .0049 |
| | Within | 30.00 | 95 | .3158 | | |
| Jan 91 | Between | 3.23 | 4 | .8074 | 1.9992 | .1041 |
| | Within | 28.27 | 70 | .4039 | | |
| Impulsivity | | | | | | |
| Oct 90 | Between | .26 | 4 | .0640 | .3358 | .8534 |
| | Within | 22.87 | 120 | .1906 | | |
| Dec 90 | Between | .82 | 4 | .2052 | 1.3961 | .2412 |
| | Within | 13.96 | 95 | .1470 | | |
| Jan 91 | Between | .90 | 4 | .2244 | 1.5480 | .1979 |
| | Within | 10.15 | 70 | .1449 | | |

Table 5. Continued

| Variable | | SS | df | MS | F Ratio | F Probability |
|---|---|---|---|---|---|---|
| Normality | | | | | | |
| Oct 90 | Between | 2.16 | 4 | .5405 | 2.4207 | .0521 |
| | Within | 26.79 | 120 | .2233 | | |
| Dec 90 | Between | 2.80 | 4 | .6995 | 3.0208 | .0216 |
| | Within | 22.00 | 95 | .2315 | | |
| Jan 91 | Between | 3.17 | 4 | .7928 | 2.6593* | .0397 |
| | Within | 20.87 | 70 | .2981 | | |
| Aggression | | | | | | |
| Oct 90 | Between | .98 | 4 | .2456 | .8763 | .4804 |
| | Within | 33.63 | 120 | .2802 | | |
| Dec 90 | Between | .55 | 4 | .1371 | .5370 | .7088 |
| | Within | 24.26 | 95 | .2553 | | |
| Jan 91 | Between | .59 | 4 | .1485 | .5244 | .7181 |
| | Within | 19.82 | 70 | .2831 | | |
| Moral Evil | | | | | | |
| Oct 90 | Between | 3.12 | 4 | .7792 | 2.1711 | .0781 |
| | Within | 34.10 | 95 | .3589 | | |
| Dec 90 | Between | 3.69 | 4 | .9234 | 2.0607 | .0902 |
| | Within | 53.77 | 120 | .4481 | | |
| Jan 91 | Between | 2.46 | 4 | .6152 | 1.5130 | .2078 |
| | Within | 28.46 | 70 | .4066 | | |

*$p < .05$.
**$p < .01$.

divorced, or widowed and those who are married (see Table 1 for demographic information).

An ANOVA was performed on the various scales in order to test the consistency of responses over the three administrations. There were no significant differences among the times in which the instrument was administered.

# CHAPTER V. SUMMARY AND CONCLUSIONS

Chapter V presents a summary of the study, the results of the research, and recommendations for future research in the area.

The study began with 134 male and female undergraduate and graduate students living in the residence halls. Two male and two female undergraduate floors were randomly selected and Buchanan Hall, graduate housing, was chosen for the study.

The Suicide Opinion Questionnaire developed in 1980 by Domino et al. was utilized as the instrument for data collection. The subjects were asked to complete the questionnaire once in October 1990 with the understanding that the researcher would be contacting those who chose to participate in the first administration and asking for their participation in the second and third administrations of the Suicide Opinion Questionnaire in December 1990 and January 1991.

Using SPSS-X, t-tests were performed in order to determine if differences between males and females with regard to attitudes toward suicide existed. One-way analysis of variance was performed to determine if differences among age groups, religions, and strength of a person's religious beliefs existed.

The statistical analysis results showed significant differences at the $p < .01$ level for variables concerning Religion and Impulsivity. Men tend to believe more strongly than women that religious beliefs conflict with acceptance of suicide as an alternative to living. In fact the mean score of females would suggest that they more often disagree with most of the questions concerning the Religion variable whereas the males in the study would more often agree. Males are also more inclined to believe that suicide is an impulsive act than their female counterparts would believe.

The results suggest that there are no significant differences among age groups with regard to attitudes toward suicide. However there are indications that significant differences ($p < .01$ and $p < .05$) exist among various religions when examining the Right to Die variable. This would suggest that attitudes on whether an individual has a right to commit suicide without interference from others varies according to what religion one is. Some precautions should be taken when interpreting this data due to the possible misinterpretation of question 103. "My religious affiliation is" by the sample population. Likewise the strength of one's religious beliefs suggest significant differences ($p < .01$ and $p < .05$) with the Right to Die variable when one-way analysis of variance was performed on the data.

The homogeneity of the sample with regard to marital status did not allow an accurate analysis. However, the analysis of the three administrations of the questionnaire with regard to the scales suggested that the responses over time remained relatively consistent.

## Significance of Study

The findings of the study suggest that students of Iowa State University had relatively comparable attitudes toward suicide and that these attitudes do not vary as a semester progresses. The mean scores remained relatively consistent over the three administrations with the few exceptions mentioned earlier.

The results of this study support most of the other studies performed by Domino et al. using the Suicide Opinion Questionnaire. The respondents had a generally positive attitude toward suicide, but education on the subject of suicide seems limited. For example, Domino, Gibson, Poling, and Westlake (1980) stated approximately 40% of the subjects believed suicide is a spontaneous decision. This research supported that statement; however, the percentages were even higher with approximately 77% believing suicide is an impulsive decision on one question and approximately 52% agreeing on another similar question.

The study also supported findings by Limbacher and Domino (1985-86) and suggested that the attitudes of

individuals who knew someone who had committed suicide did not vary with those who know no one who had committed suicide.

One area where the current research did differ from previous was gender. There were no significant differences ($p < .01$) with six of the eight variables. Two, Religion and Impulsivity, were significantly different with more females believing that suicide was less of an impulsive act and that suicide and religious beliefs did not conflict. The males were more likely to believe suicide was an impulsive decision and that religious teachings do conflict with the ideas of suicide as an option to living.

The information gathered from this study can help practitioners at Iowa State University focus on various issues related to suicide. The major focus should be on education of residents concerning the facts and myths of suicide.

## Further Research

Some research has been done on the issues of attitudes toward suicide; however, much more can be done in order to reduce misconceptions about suicide and to reduce the chance that signs of a possible suicide attempts go unnoticed.

Research has shown that blacks at predominately white institutions are more lonely and depressed than whites. Future studies could examine differences that might occur

with blacks on a white campus with those attitudes of blacks on a historically black campus. A study could also examine differences between whites and minorities on the same campus.

Further research on the relationship of religious beliefs and attitudes toward suicide in order to examine various religions more closely would seem a likely possibility. A more heterogeneous group with regards to this variable would be necessary.

Research on a more heterogeneous group regarding marital status may provide some differences. To examine residents living in student apartments may also provide insight into attitudes towards suicide as related to the living environment.

# REFERENCES

Ansel, E. L., & McGee, R. K. (1971). Attitudes toward suicide attempters. Bulletin of Suicidology, 8, 22-28.

Beck, A. T., & Young, J. E. (1978, September). College blues. Psychology Today, 83-92.

Bernard, M. L., & Bernard, J. L. (1980). Institutional responses to the suicidal student: Ethical and legal considerations. Journal of College Student Personnel, 21, 109-113.

Bernard, J. L., & Bernard, M. L. (1982). Factors related to suicidal behavior among college students and the impact of institutional response. Journal of College Student Personnel, 23, 409-413.

Bonner, R. L., & Rich, A. R. (1988). A prospective investigation of suicidal ideation in college students: A test of a model. Suicide and Life-Threatening Behavior, 18, 245-258.

Bonner, R. L., & Rich, A. R. (1987). Toward a predictive model of suicidal ideation and behavior: Some preliminary data in college students. Suicide and Life-Threatening Behavior, 17, 50-63.

Butler, R. R., & Statz, M. A. (1986). Preparation for when prevention doesn't work: Responding to a suicide. NASPA Journal, 23, 15-21.

Carson, N. E., & Johnson, R. E. (1985). Suicidal thoughts and problem-solving preparation among college students. Journal of College Student Personnel, 26, 484-487.

Charles, K. E., & Eddy, J. M. (1987). In-service training on dying and death for residence hall staff. NASPA Journal, 25, 126-129.

Deluty, R. H. (1988-89). Factors affecting the acceptability of suicide. Omega, 19, 315-326.

Diamont, L., & Windholz, G. (1981). Loneliness in college students: Some theoretical, empirical, and therapeutic considerations. Journal of College Student Personnel, 22, 515-521.

Domino, G., Gibson, L., Poling, S., & Westlake, L. (1980). Students' attitudes towards suicide. Social Psychiatry, 15, 127-130.

Domino, G., & Leenaars, A. A. (1989). Attitudes toward suicide: A comparison of Canadian and U. S. college students. Suicide and Life-Threatening Behavior, 19, 169-172.

Domino, G., MacGregor, J. C., & Hannah, M. T. (1988-89). Collegiate attitudes toward suicide: New Zealand and United States. Omega, 19, 351-364.

Domino, G., Moore, D., Westlake, L., & Gibson, L. (1982). Attitudes toward suicide: A factor analytic approach. Journal of Clinical Psychology, 38, 257-262.

Funderburk, J. R., & Archer, J., Jr. (1989). This campus cares: A suicide prevention project. Journal of College Student Development, 30, 277-279.

Gibbs, J. T. (1988). Conceptual, methodological, and sociocultural issues on Black youth suicide: Implications for assessment and early intervention. Suicide and Life-Threatening Behavior, 18, 77-89.

Ginsburg, G. P. (1971). Public conceptions and attitudes about suicide. Journal of Health and Social Behavior, 12, 200-207.

Hoglund, C. L., & Collison, B. B. (1989). Loneliness and irrational beliefs among college students. Journal of College Student Development, 30, 53-58.

Katchdorian, H. (1977). The biology of adolescence. San Francisco: Freeman and Co.

Limbacher, M., & Domino, G. (1985-86). Attitudes toward suicide among attempters, contemplators, and non-attempters. Omega, 16, 325-333.

McIntosh, J. L., & Jewell, B. J. (1986). Sex difference trends in completed suicides. Suicide and Life-Threatening Behavior, 16, 16-27.

Minear, J. D., & Brush, L. R. (1980-81). The correlations of attitudes toward suicide with death anxiety, religiosity, and personal closeness to suicide. Omega, 11, 317-324.

Minton, B., & Spilka, B. (1976). Perspectives on death in relation to powerlessness and form of personal religion. Omega, 7, 261-267.

Neiger, B. L., & Hopkins, R. W. (1988). Adolescent suicide: Character traits of high-risk teenagers. Adolescence, 23, 469-475.

Ponzetti, J. J., & Cate, R. M. (1988). The relationship of personal attributes and friendship variables in predicting loneliness. Journal of College Student Development, 29, 292-298.

Reynolds, F. M. T., & Cimbolic, P. (1988-89). Attitudes toward suicide survivors as a function of survivors' relationship to the victim. Omega, 19, 125-133.

Schotte, D. E., & Clum, G. A. (1987). Problem-solving skills in suicidal psychiatric patients. Journal of Consulting and Clinical Psychology, 55, 49-54.

SPSS Inc. (1988). SPSS-X User's Guide. New York: McGraw-Hill.

Sundberg, C. P. (1988). Loneliness: Sexual and racial differences in college freshmen. Journal of College Student Personnel, 29, 298-305.

Vredenburg, K., O'Brien, E., & Krames, L. (1988). Depression in college students: Personality and experiential factors. Journal of Counseling Psychology, 35, 419-425.

Webb, N. B. (1986). Before and after suicide: A preventive outreach program for colleges. Suicide and Life-Threatening Behavior, 16, 469-480.

Wellman, M. M., & Wellman, R. J. (1986). Sex differences in peer responsiveness to suicide ideation. Suicide and Life-Threatening Behavior, 16, 360-378.

Westefeld, J., & Furr, S. (1987). Suicide and depression among college students. Professional Psychology, 18, 119-123.

Westefeld, J. S., & Pattillo, C. M. (1987). College students' suicide: The case for a national clearinghouse. Journal of College Student Personnel, 28, 34-38.

White, H., & Stillion, J. M. (1988). Sex differences in attitudes toward suicide. Do males stigmatize males? Psychology of Women Quarterly, 12, 357-366.

Wright, L. S., Snodgrass, G., & Emmons, J. (1984). Variables related to serious suicidal thought among college students. NASPA Journal, 22, 57-64.

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# APPENDIX

ANOVA by time for Suicide Opinion Questionnaire clinical scales

| Variable | | SS | df | MS | F Ratio | F Probability |
|---|---|---|---|---|---|---|
| Mental Illness | Between | 0.37 | 2 | .1870 | 1.1307 | .3241 |
| | Within | 51.44 | 311 | .1654 | | |
| Cry for Help | Between | 0.00 | 2 | .0007 | .0059 | .9941 |
| | Within | 35.21 | 311 | .1132 | | |
| Right to Die | Between | 0.05 | 2 | .0230 | .0513 | .9500 |
| | Within | 139.16 | 311 | .4475 | | |
| Religion | Between | 1.34 | 2 | .6685 | 1.8211 | .1636 |
| | Within | 114.17 | 311 | .3671 | | |
| Impulsivity | Between | 0.99 | 2 | .4961 | 2.9762 | .0524 |
| | Within | 51.84 | 311 | .1667 | | |
| Normality | Between | 0.69 | 2 | .3343 | 1.2511 | .2876 |
| | Within | 83.11 | 311 | .2672 | | |
| Aggression | Between | 0.45 | 2 | .2239 | .8141 | .4440 |
| | Within | 85.53 | 311 | .2750 | | |
| Moral Evil | Between | 1.35 | 2 | .6762 | 1.5648 | .2108 |
| | Within | 134.40 | 311 | .4322 | | |

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Dear Participant:

I am working on my Masters of Science degree in Higher Education in Professional Studies at Iowa State University and your participation in this study is greatly appreciated. The purpose of this study is to assess student attitudes toward suicide over several months. The results of the study will be used collectively as part of my thesis. However, individual responses to this questionnaire will be kept strictly confidential.

Enclosed you will find the questionnaire. The first 100 items are attitudinal and you asked to express your feelings by selecting: a. strongly agree; b. agree; c. are undecided; d. disagree; e. strongly disagree. The last ten items are demographic in nature. Please answer honestly after considering each item. A blank sheet will also be attached to the questionnaire for any other comments that you might have. Your name should not be included.

Also enclosed is an answer sheet that will be coded in order to have the same individuals complete the questionnaire when administered again. These identifiers will be removed upon the final phase of the data collection. Please use a #2 pencil when responding to each of the items. Please leave all other areas of the answer sheet blank. The questionnaire should take approximately 25 minutes. A copy of the results are available at your request. Just send your name and campus address through campus mail to: Richard Stevens M222 Knapp Hall. If you have any questions about the study, please contact me at 294-4655. Student Counseling Services are available for those who may want to discuss any feelings or thoughts concerning suicide and depression.

Participation in this study is completely voluntary. You may withdraw from the study at any time. You will be contactd in the same manner in mid-December 1990 and a final time in January 1991 to complete the questionnaire again. Your participation in all three parts are greatly appreciated. For residents of Buchanan Hall, please return the questionnaire with the answer sheet to the Buchanan Post Office. An envelope will be provided in which to place the questionnaire and answer sheet. For undergraduate students, the questionnaire and answer sheets will be distributed and collected at a house meeting. This study met the requirements set by the Human Subjects Committee at Iowa State University.

Thank you

Signature redacted for privacy

Richard A. Stevens Jr.

Signature redacted for privacy

Daniel C. Robinson
Professor and Section Leader of Higher Education

# SUICIDE OPINION QUESTIONNAIRE

This is not a test but a survey of your opinions; there are no right or wrong answers, only your honest opinion counts.

For each item indicate (on the answer sheet) whether you:
a. strongly agree b. agree
c. are undecided d. disagree
e. strongly disagree

1. Most persons who attempt suicide are lonely and depressed.
2. Almost everyone has at one time or another thought about suicide.
3. The suicide rate is higher for blacks than for whites.
4. The actual suicide rate in the U.S. is much greater than reflected by official statistics.
5. Suicide prevention centers actually infringe on a person's right to take his/her life.
6. Most suicides are triggered by arguments with a spouse.
7. The higher incidence of suicide is due to the lesser influence of religion.
8. Many suicide notes reveal substantial anger towards the world.
9. I would feel ashamed if a member of my family committed suicide.
10. Most suicide attempts are impulsive in nature.
11. Many suicides are the result of the desire of the victim to "get even" with someone.
12. In the U.S. suicide by shooting oneself is the most common method.
13. People with incurable diseases should be allowed to commit suicide in a dignified manner.
14. Those who threaten to commit suicide rarely do so.
15. Suicide is more prevalent among the very rich and the very poor.
16. Individuals who kill themselves out of patriotism do so, not because they are courageous, but because they enjoy taking major risks.

For each item indicate (on the answer sheet) whether you:
a. strongly agree b. agree
c. are undecided d. disagree
e. strongly disagree

17. Suicide is a leading cause of death in the U.S.

18. Suicide is an acceptable means to end an incurable illness.

19. People who commit suicide are usually mentally ill.

20. Some people commit suicide as an act of self-punishment.

21. The feeling of despair reflected in the act of suicide is contrary to the teachings of most major religions.

22. Suicide rates vary greatly from country to country.

23. I feel sorry for people who commit suicide.

24. John Doe, age 45, has just committed suicide. An investigation will probably reveal that he has considered suicide for quite a few years.

25. Suicide is acceptable for aged and infirm persons.

26. The suicide rate among physicians is substantially greater than for other occupational groups.

27. The Japanese KamiKaze pilots who destroyed themselves by flying their airplanes into a ship should not be considered suicide victims.

28. Different cultural child rearing practices are probably unrelated to suicide rates.

29. Suicide is clear evidence that humankind has a basically aggressive and destructive nature.

30. Over the past ten years the suicide rate in this country has increased greatly.

31. Most people who try to kill themselves don't really want to die.

32. Suicide happens without warning.

33. A business executive arrested for fraud or other illegal practices should face punishment like a man/woman rather than seek suicide as an escape.

34. Most suicide victims are older persons with little to live for.

For each item indicate (on the answer sheet) whether you:
a. strongly agree b. agree
c. are undecided d. disagree
e. strongly disagree

35. A person who tried to commit suicide is not really responsible for those actions.

36. About 75% of those who successfully commit suicide have attempted suicide at least once before.

37. It's rare for someone who is thinking about suicide to be dissuaded by a "friendly ear."

38. People who commit suicide must have a weak personality structure.

39. The method used in a given suicide probably reflects whether the action was impulsive or carefully and rationally planned.

40. Social variables such as overcrowding and increased noise can lead a person to be more suicide-prone.

41. A large percentage of suicide victims come from broken homes.

42. A rather frequent message in suicide notes is one of unreturned love.

43. People who set themselves on fire to call attention to some political or religious issue are mentally unbalanced.

44. The possibility of committing suicide is greater for older people (those 60 and over) than for younger people (20 to 30).

45. Most people who commit suicide do not believe in an afterlife.

46. In time of war, for a captured soldier to commit suicide is an act of heroism.

47. Suicide attempters are typically trying to get even with someone.

48. Once a person is suicidal, she/he is suicidal forever.

49. There may be situations where the only reasonable resolution is suicide.

50. People should be prevented from committing suicide since most are not acting rationally at the time.

51. The suicide rate is higher for minority groups such as Chicano, American Indians, and Puerto Ricans than for Whites.

For each item indicate (on the answer sheet) whether you:
a. strongly agree b. agree
c. are undecided d. disagree
e. strongly disagree

52. Improvement following a suicidal crisis indicates that the risk is over.

53. People who engage in dangerous sports like automobile racing probably have an unconscious wish to die.

54. Prisoners in jail who attempt suicide are simply trying to get better living conditions.

55. Suicides among young people (e.g., college students) are particularly puzzling since they have everything to live for.

56. Once a person survives a suicide attempt, the probability of her/his trying again is minimal.

57. In general, suicide is an evil act not to be condoned.

58. People who attempt suicide and live should be required to undertake therapy to understand their inner motivation.

59. Suicide is a normal behavior.

60. Many victims of fatal automobile accidents are actually unconsciously motivated to commit suicide.

61. If a culture were to allow the open expression of feelings like anger and shame, then suicide rate would decrease substantially.

62. From an evolutionary point of view, suicide is a natural means by which the less mentally are eliminated.

63. Suicide attempters who use public places (such as a bridge or tall building) are more interested in getting attention.

64. A person whose parent has committed suicide is a greater risk for suicide.

65. External factors, like lack of money, are a major reason for suicide.

66. Suicide rates are a good indicator of the stability of a nation; that is, the more suicides the more problems a nation is facing.

67. Sometimes suicide is the only escape from life's problems.

68. Suicide is a very serious moral transgression.

For each item indicate (on the answer sheet) whether you:
a. strongly agree b. agree
c. are undecided d. disagree
e. strongly disagree

69. Some individuals have committed suicide to preserve their honor; these were victims of cultural values rather than disturbed personal attitudes.

70. If someone wants to commit suicide, it is their business and we should not interfere.

71. A suicide attempt is essentially a "cry for help."

72. Obese individuals are more likely to commit suicide than persons of normal weight.

73. Heroic suicides (e.g. the soldier in war throwing herself/himself on a live grenade) should be viewed differently from other suicides (e.g. jumping off a bridge).

74. The most frequent message in suicide notes is of loneliness.

75. Usually, relatives of a suicide victim had no idea of what was about to happen.

76. Long term self-destructive behaviors, such as alcoholism, may represent unconscious suicide attempts.

77. Suicide attempts are typically preceded by feelings that life is no longer worth living.

78. Suicide goes against the laws of God and/or of nature.

79. We should have "suicide clinics" where people who want to die could do so in a painless and private manner.

80. Those people who attempt suicide are usually trying to get sympathy from others.

81. People who commit suicide lack solid religious convictions.

82. People with no roots or family ties are more likely to attempt suicide.

83. People who bungle suicide attempts really did not intend to die in the first place.

84. Passive suicide, such as an overdose of sleeping pills, is more acceptable than violent suicide such as by gunshot.

85. Potentially, every one of us can be a suicide victim.

86. Suicide occurs only in civilized societies.

For each item indicate (on the answer sheet) whether you:
a. strongly agree b. agree
c. are undecided d. disagree
e. strongly disagree

87. People who die by suicide should not be buried in the same cemetery as those who die naturally.

88. Most people who commit suicide do not believe in God.

89. Children from larger families (i.e., three or more children) are less likely to commit suicide as adults than single and only children.

90. Suicide attempters are, as individuals, more rigid and less flexible than non-attempters.

91. The large majority of suicide attempts result in death.

92. Some people are better off dead.

93. People who attempt suicide are, as a group, less religious.

94. As a group, people who commit suicide experienced disturbed family relationships when they were young.

95. People do not have the right to take their own lives.

96. Most people who attempt suicide fail in their attempts.

97. Those who commit suicide are cowards who cannot face life's challenges.

98. Individuals who are depressed are more likely to commit suicide.

99. Suicide is much more frequent in our world today than it was in early cultures such as Egypt, Greece, and the Roman Empire.

100. People who are high suicide risks can be easily identified.

Questions 101 - 110 are demographic items. Please choose the appropriate answer.

101. Are you:
a. male b. female

102. I will be _____ years old on March 1, 1991.
a. 17-22 b. 23-28 c. 29-34
d. 35-40 e. 41-over

103. My religious affiliation is:
a. Jewish b. Catholic c. Protestant
d. Atheist or Agnostic e. Other _____ please identify.

104. The strength of my beliefs is:
a. very strong b. strong c. moderate
d. weak e. very weak

105. I attend an organized service or meeting related to my beliefs:
a. at least once a week b. at least once a month
c. at least once a year d. rarely or never

106. I am:
a. single, divorced, widowed b. married

107. How many exams, tests, quizzes, presentations, papers, etc. do have this week?
a. 0 b. 1-2 c. 3-4 d. 5 or more

108. Have you personally known someone who committed suicide?
a. yes b. no

109. If yes to question #108, was the person:
a. a member of your immediate family (e.g. parent, sibling)
b. a relative (e.g. cousin)
c. a close friend
d. an acquaintance

110. In answering a questionnaire like this, there are many reasons why some people may not be able or wish to be fully honest. In looking over your responses, should we:
a. accept them as fully honest
b. accept them, but with some reservation
c. probably disregard them
d. disregard them as not valid